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CONFIRMATION NO. 4489

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| SERIAL NUMBER 10/762,057 | FILING DATE 01/20/2004 RULE | CLASS 005 | GROUP ART UNIT 3673 | ATTORNEY DOCKET NO. BB-1-js-mv |
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APPLICANTS

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** CONTINUING DATA *****
none R.S.

** FOREIGN APPLICATIONS *****
none R.S.

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 04/24/2004

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|--|--|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Roberta L. R.G.S.</i> Examiner's Signature Initials | STATE OR COUNTRY HI | SHEETS DRAWING 12 | TOTAL CLAIMS 20 | INDEPENDENT CLAIMS 1 |
|--|--|---------------------------|-------------------------|-----------------------|----------------------------|

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TITLE
 Incontinence protective device

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| FILING FEE RECEIVED 385 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ |
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